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Report of the United Nations Seminar on Traditional Practices Affecting the Health of Women and Children

Ouagadougou, Burkina Faso

29 April-3 May 1991

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INTRODUCTION

A. Organization of the Seminar

1. The first United Nations Regional Seminar on Traditional Practices Affecting the Health of Women and Children was held at Ouagadougou, Burkina Faso from 29 April to 3 May 1991. The Seminar was organized by the United Nations Centre for Human Rights in cooperation with the Government of Burkina Faso under the United Nations programme of advisory services in the field of human rights, as approved by the General Assembly in its resolution 926 (X) of 14 December 1955. It was also held pursuant to Sub-Commission on Prevention of Discrimination and Protection of Minorities resolution 1989/16, endorsed by the Commission on Human Rights in its decision 1990/109 of 7 March 1990, which provides in particular for the holding of a regional seminar in Africa.

2. The aim of the Seminar was to assess the human rights implications of certain practices such as female circumcision, the marked preference for sons over daughters and traditional birth practices. It was also designed to gather information from participants on the measures taken at the governmental and non-governmental levels to end those practices.

B. Participants

3. The following experts prepared working papers for the participants and gave oral introductions on the various agenda items: Mrs. Berhane Ras-Work, President of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa, Professor Samba Diarra of the Faculty of Medicine of the National University of Côte d'Ivoire, Mrs. Halima Embarek Warzazi, expert of the Sub-Commission on Prevention of Discrimination and Protection of Minorities and Special Rapporteur on Traditional Practices, and Dr. Leila Mehra of the World Health Organization.

4. In addition to the speakers who delivered statements on the designated topics, representatives of various African Governments and relevant specialized agencies, United Nations bodies, United Nations Secretariat services and non-governmental organizations were invited to participate in the work of the Seminar.

5. Representatives and alternates from the following countries were present: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea, Kenya, Mali, Mauritania, Nigeria and Senegal.

6. The following United Nations bodies and specialized agencies were represented: Department of Public Information, United Nations Development Programme, Office of the United Nations High Commissioner for Refugees, United Nations Population Fund and World Health Organization.

7. The following non-governmental organizations in consultative status with the Economic and Social Council were also represented: International Alliance

of Women, International Commission of Jurists, Associated Country Women of the World, International Council of Nurses, Women for the Abolition of Sexual Mutilation (French Section of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa).

C. Opening of the Seminar and election of officers

8. Mrs. Chantal Compaoré, Honorary President of the Burkina Faso National Committee to Combat the Practice of Female Circumcision, expressed her country's commitment to combating traditional practices affecting the health of women and children and opened the Seminar. Her statement is annexed to this report.

9. Mrs. Mariam Lamizana, President of the Burkina Faso National Committee to Combat the Practice of Female Circumcision, welcomed the participants and gave a brief description of her organization.

10. Mr. Hamid Gaham, in an introductory statement on behalf of Mr. Jan Martenson, United Nations Under-Secretary-General for Human Rights, stressed the importance of the meeting and recapitulated United Nations work on human rights in general and in the struggle against traditional practices in particular. His statement is reproduced in an annex to this report.

11. The participants elected Mrs. Reine Daboué (Burkina Faso) President of the Seminar and Miss Anna-Maria Fati Paul (Ghana) Vice-President by acclamation. Mrs. Rukia Hanna-Hussen served as Secretary of the Seminar.

D. Agenda and organization of work

12. At its 1st meeting, the Seminar adopted the following agenda:

I. Human Rights implications of harmful traditional practices:

(a) Female circumcision and its health consequences for women and girl children;

(b) Socio-cultural settings which perpetuate the prevalence of the practice;

(c) Economic factors which perpetuate the prevalence of the practice.

II. Son preference:

(a) Countries where the practice exists;

(b) Cultural, religious, social and economic factors contributing to the persistence of the practice;

(c) The consequences for the girl child of the practice.

III. Traditional birth practices which present risks to safe motherhood:

(a) Education and public mobilization;

(b) Legislation.

IV. Measures so far undertaken both at government and non-governmental levels to eradicate this custom

V. Conclusions and recommendations

13. At its 3rd meeting, the Seminar decided to establish a working group limited to representatives of States and United Nations bodies and specialized agencies, to prepare its conclusions and recommendations. Miss Billé Siké (Cameroon) was appointed Rapporteur of the Working Group, which met on 1 and 3 May 1991.

E. Documentation

14. At the request of the United Nations Secretariat, the following background papers were prepared for the Seminar:

HR/BURKINA FASO/1991/SEM.2/BP.1	Traditional birth practices. Paper prepared by Professor Samba Diarra, Faculty of Medicine, National University of Côte d'Ivoire
HR/BURKINA FASO/1991/SEM.2/BP.2	The human rights implications of female circumcision. Paper prepared by Mrs. Berhane Ras-Work, President, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa.

15. A working paper was submitted by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa (HR/BURKINA FASO/1991/SEM.2/WP.1).

I. HUMAN RIGHTS IMPLICATIONS OF HARMFUL TRADITIONAL PRACTICES

16. This item was considered at the 1st, 2nd and 3rd meetings of the Seminar, on 29 and 30 April 1991. The topic was introduced by Mrs. Berhane Ras-Work, President of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa, on the basis of a background paper (HR/BURKINA FASO/1991/SEM.2/BP.2) prepared by her for the participants. She began by defining female circumcision and described the three forms it may take - partial excision or sunna, total excision, and infibulation or "Pharaonic excision". She then stressed the physiological and psychological consequences of those practices. She also indicated the socio-cultural factors that give rise to the practice and help to perpetuate it. Finally, she described the measures adopted at the national and international levels with a view to eliminating female circumcision. Mrs. Ras-Work illustrated her presentation by showing a video film prepared by the Inter-African Committee

on the practices of female circumcision and scarring, entitled Believe and Misbelieve. The film showed participants the rudimentary nature of the methods used in the practice of excision of female genital organs and scarring.

17. The general debate dealt both with the effects of female circumcision on the health of women and girl children and with the socio-cultural and economic factors which perpetuate this practice.

A. Female circumcision and its health consequences for women and girl children

18. The representative of WHO supplemented Mrs. Ras-Work's presentation by referring to the vaginal infections caused by the use of unsterilized sharp instruments to perform circumcisions. The most serious infections are tetanus, blood poisoning and, now, AIDS. The removal or obstruction of the female genital organs may cause fatal haemorrhaging and numerous genito-urinary and obstetric complications through the formation of oedema and cysts on the vulva, vagina or bladder. Circumcision makes sexual relations difficult and causes frigidity in women. The shock triggered by circumcision performed without anaesthesia creates a lasting psychological imbalance in girls. WHO has been speaking out against female circumcision since 1976 and has called upon Governments to take the necessary measures to eradicate it. Cases of girls who died or were paralysed for life as a result of circumcision were mentioned.

19. Some speakers stated that medical personnel, for essentially financial reasons, were increasingly replacing midwives and circumcisers and conducting circumcision in hospitals. Not only do health workers profit from the practice of circumcision, especially in the cities, but they perpetuate it by reducing risks to a minimum since it is practised in a medical setting. They do take sanitary measures (sterilized blades and compresses, disinfection of the vulva with alcohol, wearing of sterile gloves, etc.), but, spurred on by their greed, they deliberately ignore the sinister aspect of sexual mutilation. They are aware of how much the people trust and respect them and take advantage of parents' naivety to uphold the validity of the custom. The participants felt that such an approach should be severely combated since it might give circumcision a new legitimacy.

20. Several participants welcomed the fact that the question of female circumcision is no longer seen solely in a medical context, but is now part of the problem of protection of women and children. It was felt that the principles embodied in numerous international instruments, in particular the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, should be disseminated at all levels of the populations of the States concerned.

21. One participant, however, pointed out that it is difficult to promote and protect women's and children's rights in that most of the African population is illiterate and cannot grasp the concepts behind human rights. Thus, it is important to have the international norms protecting women and children translated into local languages in order to promote a change of attitudes. In particular, grass-roots action should be conducted in rural areas where

circumcision is prevalent. In concert with the Governments of the countries concerned, the United Nations should consider the possibility of enlisting the cooperation of rural leaders to convey its message, for despite its abundance and quality, United Nations human rights documentation is still largely unknown in Africa.

22. The representative of the Secretary-General of the United Nations replied that the United Nations Centre for Human Rights has set up programmes for translating into national languages the main United Nations international instruments and that the Centre is prepared to provide technical assistance to States that request it.

23. Participants were deeply shocked by the realism of the Inter-African Committee film. Some held that such a shock was beneficial in creating an awareness of the seriousness of female circumcision. The film showed how effective audio-visual methods can be in combating this practice. The participants expressed the hope that it would be broadcast by national television stations. The representative of Ethiopia said that the film had been widely shown in her country and had provoked an unfavourable reaction among a portion of the population, but the National Committee to Combat Circumcision had replied that the film simply presented the realities of the situation and that the way to stop showing such scenes was to put an end to female circumcision.

24. One participant, however, wondered whether publicizing female circumcision in that manner was not primarily an attempt to reach the populations that do not practise it, whereas in his opinion, those that practise it may either remain unmoved or see it as an affront to their honour and ignore any suggestions designed to eliminate it. Other participants stated that raising the awareness of populations that do not practise female circumcision is very important, for they can influence those who do.

B. Socio-cultural settings which perpetuate the prevalence of the practice

25. Participants agreed that the persistence of the practice is due to a multitude of beliefs, traditional customs and social values. Regarding the reasons usually put forward to justify the practice of female circumcision, male supremacy and the reproductive role assigned to women in traditional societies were frequently mentioned. The purpose of removing women's sensitive sexual organs is to quell their sexuality and make them subject to men's desire alone. Similarly, infibulation of girl children is aimed at preserving their virginity for men's benefit. According to the example given by one participant, infibulation is not always aimed at preserving girls' virginity. In one ethnic group in Burkina Faso, girls can have sexual relations freely; they are not infibulated until they are promised in marriage. In such cases it is the initiatory nature of infibulation that is the important element; it is an obvious break between the past and the future.

26. Several participants emphasized the cosmogonical and religious justifications underlying female circumcision. In many African cosmogonies,

women and men share a common bisexual nature, embodied in women by the clitoris and in men by the foreskin. In order for women to acquire their true female nature and fertility, they must be rid of the male complement, the clitoris, just as men must rid themselves of their foreskin in order to be fully virile. With regard to religion, it was said that both Muslim and Christian women believe that circumcision purifies them and makes them better able to serve their husbands.

27. Most of the participants were of the opinion that both the cosmogonical and religious explanations should be considered to be superstition and condemned as such. Neither the Bible nor the Koran prescribe circumcision for women. As regards the strategy for combating female circumcision, it was recommended that efforts should be made to separate, in people's minds, male circumcision, which has a hygienic function, and female circumcision, which is a grave attack on the physical integrity of women.

28. Among the cultural factors blocking the elimination of female circumcision, one participant spoke of the rigidity of tradition. Tradition is an inextricable part of female circumcision, which explains why it is often conducted during initiation rites. Tradition is the leaven of cultural identity and initiation as such is not wrong, since it enables girls to become integrated into their society and strengthen their links with the community. Furthermore, out of fear of losing their culture, the peoples that practise female circumcision do not want to give it up. Thus it is important to consider how female circumcision might be eliminated while preserving tradition, in order to involve the peoples concerned in eradicating it.

29. Most of the participants were of the opinion that the change of mentality needed for the elimination of female circumcision must be effected through education, information and creating an awareness of the harmful effects of the practice. One participant added that it is crucial for female circumcision to be discussed in public in order to bring the topic out of the private domestic sector and into the public sphere, so that all those directly concerned will be heard on the question: women, young people, mothers, fathers, circumcisers, religious leaders, village associations, local health workers, midwives and villagers.

30. While endorsing measures of that kind, one participant argued that after several decades of nearly fruitless struggle, States should now adopt and implement laws punishing female circumcision. Like one European country where parents were convicted for causing the death of their daughters by attempting to circumcise them, highly publicized trials should be opened in Africa against offenders. In particular, health workers who perform such practices should be punished. In addition, the President of the Seminar suggested that registrars at wedding ceremonies should require parents to sign a paper pledging not to circumcise their daughters.

31. The Special Rapporteur of the Sub-Commission noted that in recent years immigrants of African origin have been convicted for circumcising their daughters and said that too strict an implementation of the law is not the best solution, since many immigrants are often unaware of the laws of the

country of reception and also believe that they are entitled to continue to practise their customs abroad. In both Africa and Europe, therefore, consciousness-raising should come before punishment.

32. The representative of Côte d'Ivoire stated that since his country's Penal Code punishes attacks on physical integrity in general, the general rules contained in the Code make it possible to provide punishment for female circumcision, which is a specific type of attack on physical integrity, but the case must first be brought before the judge. Thus, information and consciousness-raising and punishment should go hand in hand.

33. Several participants said that in their respective countries, the incidence of female circumcision is steadily declining in urban areas owing to modernization, but remaining constant in rural areas. Some participants referred to individuals actively opposing the supposed rigidity of tradition. They noted that doctors, midwives and nurses are practising female circumcision in hospitals or homes for essentially financial reasons. In such circumstances, the entire socio-cultural complex underpinning the practice of female circumcision is lacking. It was also mentioned that, in some countries, parents can be seen queueing up in front of the premises of a particular circumciser with a good reputation, who does a lucrative business.

C. Economic factors which perpetuate the prevalence of the practice

34. As several speakers noted, greed is increasingly emerging as one of the factors behind the continuation of female circumcision, among both traditional circumcisers and health workers. According to the Burkina Faso delegation, in some regions the profession of circumciser is passed on from mother to daughter, and the family's survival depends on it. Eradicating the practice of female circumcision would result in eliminating the family's sole source of income, for often circumcisers can do nothing else for a living; furthermore, most of them are old and not strong enough to practise any other activity. Thus, these circumcisers will resist any solution involving the elimination of female circumcision and be reluctant to convince their often-ignorant family and friends of the advantages of eradiciting it.

35. Another economic reason that leads peoples to continue the practice of female circumcision is related to dowries. In certain ethnic groups in Burkina Faso, if a girl is a virgin when she marries, the dowry is higher than if she is not; thus a girl's virginity is a financial asset. This often explains why certain peoples are so eager to defend the practice of infibulation.

36. The video film made by the Inter-African Committee featured a circumciser in Lagos, Nigeria, who appears to be reaping great profits from his "profession".

37. It was suggested that Governments should institute medical training programmes in order to convert circumcisers into midwives, thus enabling them to give up female circumcision in favour of some other gainful activity.

Concerning health workers who practise circumcision, some speakers recommended that they should be made aware of the harmful effects of their acts, and, if necessary, prosecuted.

38. The recommendations on agenda item I are set out in chapter V, section A.

II. SON PREFERENCE

39. At its 3rd meeting, the Seminar considered agenda item II. It was introduced by Mrs. Halima Embarek Warzazi, Special Rapporteur of the Sub-Commission on Prevention of Discrimination and Protection of Minorities. Defining son preference, Mrs. Warzazi said it meant that parents give sons more care and affection than daughters. The boy thus receives more of the available resources, more food and more attention, both from his mother and from his father. She attributed the existence of that practice to the patriarchal system, which, with the introduction of private property, had been imposed by men to ensure that their property went to their sons. The man was responsible for supporting the family and perpetuating the line. That attitude had since become deep rooted in many societies, whether African or not, and led to the exploitation of women under the cover of age-old traditions and customs. She considered that the way to eliminate the practice is to educate women better and improve their economic status, particularly through access to employment.

A. Countries where the practice exists

40. It was generally recognized that the same tendency exists more or less in all countries, varying only in the form it takes in Africa, from one country to another, for cultural and religious reasons.

B. Cultural, religious, social and economic factors contributing to the persistence of the practice

41. As far as religion is concerned, it was recognized that the fact that Christianity, Islam and certain traditional African religions do not allow women to perform religious functions is a factor making for discrimination against them. According to the Burkina Faso delegation, some ethnic groups only allow men to perform sacrifices to the spirits of their ancestors; any woman found doing so is labelled a witch and banished from the village. Similarly, in Ghana, according to the representative of that country, it is the men who announce the fact that someone has died, organize the funeral ceremonies and perform sacrifices to the ancestral spirits. In Ethiopia, according to the representative of that country, a woman is considered impure after giving birth and cannot enter a church until she has been blessed by the priest.

42. Turning to the question of traditional practices which reinforce son preference, the representative of Ghana said that there is a great variety of traditional practices centred or based on men. Under the traditional system of inheritance still current in Ghana's patrilineal societies, the father's

wealth goes to the son, while the girls, because they are married or going to be, are regarded as being outside the family and not entitled to any inheritance. In some ethnic communities in Burkina Faso, it is the custom to present a woman who has borne three sons with an ox. The way certain trades are passed on, such as smithery and weaving; works to women's disadvantage.

43. The representative of the Office of the United Nations High Commissioner for Refugees (UNHCR) said that it is wrong to blame the woman for not giving birth to a son since it had been genetically proved that it is the man who determines the child's sex. She thought that information work ought to be done to publicize scientific findings about procreation. She also said that in some refugee camps attempts have been made to reduce the inequality between girls and boys in education: day nurseries have been set up so that little girls, who normally look after their baby brothers and sisters, can go to school; but once they have finished primary education, they are taken out of school by their parents to get married.

44. The representatives of several countries mentioned a great disparity between the sexes at different levels of education. In Ethiopia, in 1988, there had been 30 per cent of girls in primary education and 40 per cent in secondary, but the figure in higher education had been no more than 6.4 per cent.

45. A number of participants felt that marriage tends in many ways to devalue women in some societies. Early marriage can be regarded as a result of son preference. Since they are only going to be wives, young girls are deprived of education. Thus in Mauritania, according to the representative of that country, girls are fattened up, groomed, adorned with jewels and kept in seclusion to make them attractive so that they can be married off to the highest bidder.

46. It was suggested that countries should adopt more equal-rights legislation, particularly on succession, so that girls, even if married, can inherit from their parents in the same way as boys. Incentives such as increased family allowances when mothers give birth to daughters were also advocated.

47. The Côte d'Ivoire representative said that some African countries, such as his own, have equal-rights laws on, for example, the naming of children. Under Côte d'Ivoire law, women have the same right to give the child their name as men, but very few women are familiar with the law and consequently mothers do not take advantage of it.

48. Among the economic considerations underlying this type of discrimination against women, several participants mentioned the way in which traditional agriculture works. In a traditional society it is the man who has the productive role: it is he who clears the bush and tills the soil, while the woman does the sowing and looks after the crops. But although the woman makes a far from negligible contribution to the production process and thus helps to keep the family going, it is always the man who receives the credit for supporting the family. In view of the fact that traditional agriculture is

highly labour-intensive, it goes without saying that men will be preferred to women. The men are supposed to be responsible for the family's prosperity and security, particularly for the security of the older members.

49. Lack of education and the difficulties many women have in obtaining employment were cited as factors causing the preference for sons to continue into the present day.

C. The consequences for the girl child of the practice

50. It was found that the primary consequence of this state of affairs is psychological and affects the mother first and foremost. In societies where there is a strong preference for boys, women seek to produce a son at all costs in order to raise their social status. Anxious for a male child, they are led into repeated pregnancies, which harm their health and sometimes endanger their lives. It can even happen that the wife encourages her husband to take a new wife in order to have a son.

51. In the same way, one speaker pointed out that women caught up in this unequal social relationship tend to perpetuate it by paying more attention to their sons than to their daughters. According to one participant, the tendency becomes evident very early, the mother letting her son play while giving her daughter housework to do. The mothers cultivate a negative image of themselves, which they pass on to their daughters. It is thus primarily the responsibility of the mothers themselves to bring their sons up to respect women and treat them as equals.

52. According to the WHO representative, the kind of sexual discrimination known as "son preference" seriously affects the health, morbidity and mortality of girls and women in developing countries in general and African countries in particular. As surveys in several Asian countries have shown, when sexual discrimination is reflected within the family by discrimination in the way food is shared out, it results in greater malnutrition among girls and reduces their resistance to disease. WHO has also found from a number of studies in Asia and North Africa that girls receive less care than boys when they are ill. Thus, the parents are more likely to take boys to hospital than girls, which means a higher death rate among girls. An excessively high female death rate is an indication of the influence of outside factors acting against women's natural biological advantage, inasmuch as generally speaking women live longer than men and the female death rate is lower than the male over the whole lifespan.

53. According to the Special Rapporteur of the Sub-Commission, education is the key to eliminating the negative attitude that underlies discrimination against women. It is first of all women themselves who have to be educated to have greater self-esteem. Then men too have to be educated to change their view of women. Such action should be undertaken with the collaboration of medical staff, social workers, psychologists, teachers, village elders and national political authorities. Enabling women to achieve economic independence through access to education and employment is another means of raising their social status.

54. The representative of Ghana said that some social institutions are so rigid that she did not see how they could be changed. She wondered in particular just how women could be involved in the performance of socio-religious rites, and particularly funeral rites. She concluded that the men would put up very strong resistance to the penetration of women into an area they consider their own.

55. The representative of Ethiopia said that son preference has particularly pernicious effects because in most African countries it is reinforced by schools and universities, the political and administrative system and social institutions. Thus there are very few women in decision-making positions to influence government policies with regard to women, whether in education, health or employment.

56. The recommendations on agenda item II are set out in chapter V, section B.

III. TRADITIONAL BIRTH PRACTICES WHICH PRESENT RISKS TO SAFE MOTHERHOOD

57. This item was considered at the 4th and 5th meetings, on 30 April 1991. It was introduced by Professor Samba Diarra of the Faculty of Medicine of the Côte d'Ivoire National University. After summarizing the background paper he had prepared (HR/BURKINA FASO/1991/SEM.2/BP.1), Professor Diarra said that traditional practices in childbirth are not strictly tied to specific cultural values. Their survival is encouraged by the difficulty in obtaining obstetrical care, ignorance, poverty, early marriage and extreme fertility.

58. He described the main obstetrical practices which endanger the life of a woman in childbirth:

(a) Zur-zur (in Ethiopia) and ghishiri (in Nigeria), which are practised before delivery as such and involve making a deep wound in the anterior or posterior wall of the vagina during the last weeks of pregnancy (thirty-fourth to thirty-sixth week of amenorrhea), probably in order to assist expansion of the vagina during delivery;

(b) Administration of oxytocic products to promote increased contraction of the womb;

(c) Manipulation to promote expulsion of the foetus or placenta;

(d) Methods used to reduce cases of mechanical dystocia (difficult or irregular presentation of the baby, foeto-pelvic disproportion);

(e) Methods of stopping bleeding at the time of delivery;

(f) Vaginal examination.

59. Professor Diarra added that 66 to 70 per cent of the births registered every year in Africa are attended by traditional midwives and that 15.4 million women run risks in childbirth every year from traditional obstetrical practices. The maternal death rate in Africa is 640 per 100,000 live births, as compared with 30 per 100,000 in developed countries.

60. He argued that the procreative factors that encourage traditional practices in childbirth are reflected in very high natural fertility. Women conceive early (before 18 years), late (after 37 years), often (an average of more than six children per woman) and at close intervals (less than 2 years). Such very high fertility is part of a philoprogenitive approach which condemns women to a reproductive role, as a means of perpetuating the clan.

A. Education and public mobilization

61. For Professor Diarra, healthy reproduction in Africa is not just a matter of medical factors. Socio-cultural, economic and procreative factors are just as important. All in all, the low status of women is a considerable threat to their health. He therefore advocated that women should be given better education and information and alerted to the dangers of traditional obstetrical practices. Eliminating those practices certainly means training traditional birth attendants, but also expanding prenatal supervision and hospital delivery, as in developed countries. Promotion of family planning is also a way of reducing if not eliminating traditional obstetrical practices.

62. The WHO representative did not agree with Professor Diarra's views on hospital delivery. In Dr. Mehra's opinion, the progress made in obstetrics in developed countries is impressive and means that childbirth is less risky. But the level of technology reached in developed countries is not within the immediate grasp of developing countries, where, for a long time to come, delivery will be by traditional methods. Given that health service coverage is inadequate in most developing countries, traditional birth attendants will remain essential. In any case, the solution to obstetrical problems is not necessarily to deliver babies in hospitals. The urgent need is rather to set about training traditional birth attendants. That is WHO's policy for developing countries under its basic health needs programme. With that in mind, WHO has published a guide for the use of simple maternity kits at the community level, which should enable traditional birth attendants to improve conditions of hygiene and safety in childbirth.

63. The delegation of Benin supported the views expressed by the WHO representative, saying that the knowledge accumulated by traditional birth attendants, particularly in the use of certain oxytocic plants, is useful; what is needed is rather to determine the dose and quality of the product used.

64. The delegation of Burkina Faso said that the training of traditional birth attendants should cover three aspects:

(a) Teaching of simple rules of hygiene (washing the hands with soap, cutting the umbilical cord with a sterilie new blade, using boiled water and a clean bandage for the umbilical dressing, etc.);

(b) Gynaecological training to enable the birth attendant to distinguish between an easy delivery which she can see to herself and a difficult one for which superior qualifications are needed. To that end birth attendants should be persuaded to abandon age-old methods which aggravate the difficulties of childbirth;

(c) Education of the birth attendant to recognize her own limitations and be willing to send difficult cases that are beyond her competence to a well-equipped centre in good time.

65. In the Guinean representative's view, not enough emphasis has been placed on traditional practices during pregnancy which later affect delivery. He mentioned in particular food taboos, which weaken women and lead to difficult deliveries. He cited the fact that pregnant women are forbidden to eat eggs or drink milk for fear that the child will be born with a fragile skull or will be dumb.

66. The representative of Ghana pursued the matter of food taboos affecting delivery, saying that in some parts of her country a pregnant woman is deprived of the following products:

(a) Pork, for fear the child will grunt;

(b) Horsemeat, which will make the child neigh;

(c) Antelope meat, in case the child turns out hunchbacked;

(d) Millet meal, because it will stimulate a rush of blood and cause high blood pressure;

(e) Gumbo and snails (though a source of protein), which are supposed to cause excessive salivation.

The representative of Ghana also stated that in some ethnic groups in her country, women who have difficult deliveries are accused of witchcraft and urged to confess in order to facilitate the birth of the baby. It is also believed that animals give birth easily so that women are made to lie on cow or goat litter in the hope that the delivery will pass off easily. After confinement, the mother is sometimes put in a room where pepper is burnt so that her sneezing will cause the placenta to come away by itself. That can lead to asphyxiation of the mother and baby if it is kept in the room with her.

B. Legislation

67. A majority of the participants agreed that family planning is a very important means of reducing the frequency of births and consequently the risks involved in traditional obstetrical practices. Several speakers accordingly suggested that States which have not yet done so should introduce birth control programmes.

68. Some asked whether liberalization of abortion should be part of family planning, as a means of contraception. In their view, the prohibition of abortion obliges the woman to continue with an unwanted pregnancy and suffer the horrors of delivery under archaic conditions or to have a clandestine abortion, especially by traditional methods (e.g., use of specific herbs), which endanger her life.

69. In the Ghanaian representative's view, what is needed is to combat traditional abortion practices rather than to liberalize abortion. The

representative of Guinea, however, reported that the liberalization of abortion in his country in 1984 had considerably reduced female mortality.

70. The delegation of Burkina Faso drew a distinction between therapeutic and eugenic abortion and said that anti-abortion laws often do not make that distinction although it is desirable that States should authorize therapeutic abortion. The representative of Côte d'Ivoire said that in his country any kind of abortion is forbidden, but that that does not prevent it from being practised clandestinely.

71. The President of the Seminar suggested that participants should propose to States that abortion should be liberalized so that women would not resort to traditional methods of abortion. The WHO representative however appealed to participants to be tactful on the question of abortion as a method of birth control inasmuch as some members of WHO and United Nations are radically opposed to it. The emphasis should rather be placed on methods of preventing pregnancy.

72. Referring to the legal status of women performing female circumcision, the UNFPA representative asked whether in the long run they would be prosecuted for practising medicine illegally or whether the aim should be to integrate them into the medical profession.

73. The delegation of Burkina Faso gave a reply based on the country's experience and suggested a variety of measures with regard to the status of women practising circumcision. In Burkina Faso, birth attendants learn their trade from their mother or an aunt, who decide when the person concerned is proficient enough to begin to practise. No prior authorization is needed and society welcomes and accepts these traditional midwives as they are; their mistakes go unpunished as they are simply ascribed to fate. However, the delegation of Burkina Faso was of the opinion that this situation could not be allowed to continue. Even if health conditions in Burkina Faso in particular and in other African countries in general mean that traditional birth attendants are indispensable, safeguards are necessary all the same. It is therefore vital to provide specific instruments to regulate midwifery. The delegation of Burkina Faso proposed the following measures:

(a) All traditional birth attendants must be registered in the administrative district where they live;

(b) All birth attendants must take a training course in a maternity hospital run by a State midwife;

(c) At the end of the training course, the level of knowledge acquired must be assessed;

(d) Regular supervisory visits must be paid to the birth attendant and regular retraining organized;

(e) Traditional birth attendants who commit three serious professional misdemeanours will receive further training;

(f) All traditional birth attendants practising without training will be penalized;

(g) Traditional birth attendants must stop practising as soon as a maternity hospital opens in their area.

74. The recommendations on agenda item III are set out in chapter V, section C.

IV. MEASURES SO FAR UNDERTAKEN BOTH AT GOVERNMENT AND NON-GOVERNMENTAL LEVELS TO ERADICATE THIS CUSTOM

75. The representatives of the following countries reported on measures taken to eradicate female circumcision, son preference and traditional birth practices.

A. Measures taken at government level

1. Burkina Faso

76. (a) The President of the Republic has spoken out against the practice of female circumcision;

(b) The National Committee to Combat the Practice of Female Circumcision was created by a decree of 9 May 1990. The wife of the President of the Republic is the Honorary President of the Committee, which shows that there is a commitment at the highest level to combating female circumcision. Traditional chiefs, for instance, Moho Naba, have pledged their support to the Committee. The Burkina Faso Women's Union, the Burkina Faso Midwives' Association, the Nurses' Association and the Burkina Faso Movement for Human and Peoples' Rights play an active role in the Committee;

(c) In rural areas, the Burkina Faso Women's Union has conducted a number of campaigns to alert people to the harmful effects of traditional practices;

(d) The adoption of the Code for Persons and the Family is a qualitative step towards ending son preference, in that it calls for equality between children. Furthermore, through its five-year plan, the Government intends to establish equality between men and women;

(e) Burkina Faso has ratified the Convention on the Elimination of All Forms of Discrimination against Women;

(f) Burkina Faso has also ratified the Convention on the Rights of the Child;

(g) The Government has set up a number of committees to work for the development and survival of women and children;

(h) The draft constitution on which a referendum will be held on 2 June 1991 upholds equality between men and women and provides for the prohibition of female circumcision.

2. Cameroon

77. In 1984, at its meeting in Dakar, Senegal, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa expressed the hope that national committees would be established. In response to this wish, the Cameroon authorities set up, in the same year, a National Committee to Combat Traditional Practices Affecting the Health of Women and Children. The National Committee adopted a plan of action in which it set itself the goal of combating and eradicating such practices.

78. The National Committee also laid down the following overall objectives:

(a) To study measures with a view to providing better protection for women and children against traditional practices;

(b) To suggest measures for combating these practices to the competent authorities;

(c) To include these measures in national health and development projects;

(d) To monitor the application of these measures;

(e) To train supervisory staff;

(f) To sensitize and educate the population.

79. The plan of action also formulated specific objectives:

(a) To identify the regions where traditional practices are carried out;

(b) To draw up a list of the various existing practices;

(c) To promote practices beneficial to the health of women and children;

(d) To establish a record of the various human and material resources;

(e) To identify all national projects aimed at improving the living conditions of women and children.

80. The Committee comprises five standing subcommittees: (i) The Research Subcommittee; (ii) The Legal Subcommittee; (iii) The Project Study Subcommittee; (iv) The Education Subcommittee; and (v) The Subcommittee on measures to abolish traditional practices. Currently, the Committee has partial information on the south-western and far northern provinces of Cameroon. It intends to make an in-depth, nationwide study of the problem of traditional practices and take practical action to combat them. The plan of action seems an excellent way of making the national authorities more aware of the need to improve the well-being and health of women and children or, in other words, to protect the rights of women and children. The strategies adopted under this plan of action will cover the short, medium and long term and should lead to a considerable change in the position of women and children.

3. Central African Republic

81. Following the second conference of the Inter-African Committee on Traditional Practices, and an exchange of correspondence between the Committee and the Government of the Central African Republic, the Office of the Secretary of State for Social Affairs, after a number of interministerial meetings, has just set up a select committee called the Basic Working Committee. It is composed of:

The Director for Women's Advancement;

The Director for Social Affairs;

A doctor from the Directorate of Mother and Child Care;

A sociologist;

A representative of the Midwives' Association;

A representative of the Central African Republic Women's Union;

A representative of the Ministry of the Interior.

82. The Committee has adopted a plan of work with the following tasks:

(a) To formulate a draft order setting up a National Committee to Combat Traditional Practices Adversely Affecting the Health of Women and Children;

(b) To provide the National Committee with all relevant legal instruments concerning these practices;

(c) To formulate a draft operational budget for the National Committee;

(d) To formulate a draft programme of work for the National Committee.

The Basic Working Committee hopes that the National Committee to Combat Traditional Practices Affecting the Health of Women and Children will be operational by the end of 1991.

4. Côte d'Ivoire

83. The representative of Côte d'Ivoire stated that his country did not have a National Committee to Combat Traditional Practices Affecting the Health of Women and Children. However, on his return, he intended to put a proposal for creating such a body before the competent authorities.

5. Ethiopia

84. The first undertaking of the Government in the fight against harmful traditional practices which affect the health of women and children was the establishment in 1987 of a national committee under the umbrella of the Ministry of Health. The National Committee is composed of a number of bodies

whose participation is necessary for planning and implementing the struggle against harmful traditional practices which were thought to be harmless or even beneficial for generations.

85. The composition of the National Committee is as follows:

The Ministries of Health, of Information, of Education, of Culture and Sports, of Labour and Social Affairs;

Mass organizations such as the Revolutionary Ethiopian Women's Association (REWA);

The Revolutionary Youth Association (REYA), the Peasants' Association, the Urban Dwellers' Association;

The Medical Association;

Trade unions;

Religious institutions;

Rädda Barnen;

UNICEF;

Professionals, etc.

86. In 1988 the Ministry of Health and the National Committee conducted a national seminar on the theme of eradicating harmful traditional practices which have hazardous effects on the health of women and children. The participants in the seminar were mainly policy-makers, party officials, leaders of mass organizations and Ministry of Health coordinators from all regions of the country. Similar seminars were conducted at the regional level and there is a plan to carry out the same work at the district level.

87. The Ministry of Health transmits regulations to the health units in order that they may include the subject of traditional practices and their harmful effects in their Training and Information Campaign (TIC). The Government also assists the National Committee by providing offices and other necessary facilities.

88. The major duties of the National Committee focus mainly on information and education. The National Committee has undertaken the following:

(a) Produced posters and leaflets and duplicated an important video cassette;

(b) Prepared radio and television discussion programmes and theatrical performances;

(c) Started training programmes for traditional birth attendants who perform harmful practices to enable them to acquire other employment skills.

The Committee also sent eight of its members to Italy to be trained in the production of TIC materials.

6. The Gambia

89. The Gambia National Committee on Traditional Practices, established in 1985 under the auspices of the Inter-African Committee, was reorganized in 1988. A new Executive Committee was elected and new members were invited to participate. The Committee continued its programme, which has two major components: (a) eradication of harmful traditional practices (HTP) which affect the health of women and children, and (b) identification and promotion of positive traditional practices which enhance the health and socio-economic conditions of women and children.

90. In order to carry out the above activities effectively, the Committee deemed it necessary to establish subcommittees on:

(a) Female circumcision alone, as it is considered the most controversial issue and therefore warrants special attention;

(b) Other traditional practices such as nutritional taboos, early marriages, teenage pregnancy and overworking of mothers and children;

(c) Fund-raising, through which programmes are designed to solicit funds for activities at national and international levels.

91. Since the regional seminar in Addis Ababa in April 1987, the Gambia National Committee on Traditional Practices (GNC) has been involved in various activities including:

(a) Workshops, training and sensitization programmes;

(b) Fund-raising activities through project proposals and informal discussions with major donor agencies;

(c) Collaboration with other national committees and institutions concerned with the welfare and well-being of Gambian women and children;

(d) Identification of other harmful traditional practices, especially those that inhibit the socio-economic participation of Gambian women and are health hazards as well;

(e) Upgrading the level of Committee membership and involving influential community and decision-making leaders in the affairs of the Committee;

(f) Identification and promotion of positive traditional practices that enhance the health and social conditions of women and children.

The Committee participated in three zonal conferences for the five countries in zone 3 (the Gambia, Ghana, Liberia, Nigeria, Sierra Leone). One of these conferences was hosted by the GNC in November 1988.

92. At the national level, the Committee has organized six different workshops, one in Banjul and five in the rural and peri-urban areas. The issues discussed were female circumcision, child/early marriages, family planning, childbirth, sexually transmitted diseases including AIDS, food/nutrition taboos, breast-feeding, immunization, health-hazard ceremonies and their effects on family income, and strategies for combating harmful traditional practices. Among the national workshops were a traditional birth-attendant training programme which trained 70 traditional birth attendants and a comprehensive Training and Information Campaign which covered 18 villages, representing all 6 administrative divisions in the country. Through the organization of a women's week in the Gambia, the GNC conducted a five-day workshop with the assistance of UNFPA. Approximately 3,000 women were sensitized to the dangers of traditional practices. The workshops took a new approach by using training modules on female circumcision along with other audio-visual aids.

93. During the past three years, the GNC has covered a very wide area nationally, reaching almost 10,000 women. The majority have started considering and accepting the message they have received. In the same vein, men and youths were also alerted. In order to ensure that all the programmes outlined above have been carried out, the GNC plans to undertake monitoring and evaluation of the different workshops, reviewing their impact and success, if any. If failures are identified, efforts will be made to find out where things went wrong and recommendations for improvement will be made. However, informal evaluations of the general attitude of the Gambian population at large strongly indicate that the message with regard to traditional practices has been understood by most; many are eager to obtain more information.

94. The GNC has adopted a plan of action for 1991 and 1992 which includes the following points:

(a) As a result of the Training and Information Campaign, attempts have been made and will be continued to decentralize the Inter-African Committee's activities. This will be achieved by setting up regional and village committees to continue the training programme, so that the entire Gambian population is informed and involved in IAC work;

(b) Involvement of schoolchildren through visits to their schools, talking to them and inviting them to workshops as participants to inculcate in their minds the effects of harmful traditional practices;

(c) Concerts, radio plays, market days, project proposals and other fund-raising activities are envisaged;

(d) Programmes initiated in 1988/89, especially the radio programmes and person-to-person contact with the general public, will be continued;

(e) In attempts to eradicate female circumcision, the GNC will develop new strategies and mechanisms for retraining the circumcisers so that they can replace the income they currently earn from the operations;

(f) Female circumcision, apart from its negative aspect which the GNC is endeavouring to eradicate, is viewed and accepted as part of the socialization process of girls, especially to mark the transition from childhood to womanhood. The GNC is planning to develop materials stressing the positive aspect of the socialization process which would be restored and introduced in the formal school system.

7. Ghana

95. A National Committee to Combat Traditional Practices Affecting the Health of Women and Children was set up in 1984 and is collaborating actively with the National Council on Women and Development (NCWD). The Council is a governmental body which advises the Government on all matters relating to the integration of women in national development. The NCWD, among others, has the responsibility of studying the effect of traditional beliefs, prejudices and practices on the advancement of women.

96. Realizing the dangers involved with the practice of female circumcision, a number of seminars have been organized by the NCWD for circumcisers, nurses, doctors and the general public in regions where the practice is prevalent. Calls have been made by the NCWD and organizations such as the Ghana Association for the Welfare of Women for a law abolishing the practice, but laws alone may not be the most effective "weapon" in efforts at eradicating the practice. Intensive public education programmes would help in changing attitudes towards the practice.

97. Apart from the seminars, the Ghana Red Cross and the media, both radio and newspapers, are involved in educating the public. Statistics provided in 1990 on one community reflected a decrease in the practice. A pilot survey conducted in Bawku in 1987 showed that 97 per cent of the interviewed women above the age of 47 had been circumcised while 48 per cent of the girls under 20 had not been circumcised.

98. During Women's Week which takes place every year from 31 April, traditional practices are particularly stigmatized. In collaboration with the NCWD, the National Committee to Combat Traditional Practices is trying to design projects for retraining circumcisers to provide them with alternative sources of income and encourage them to give up female circumcision.

99. Realizing the harmful effects traditional inheritance patterns have on women and children, the NCWD submitted proposals to the Government aimed at reviewing these practices. In 1985, the Government passed a law which apportioned part of the husband's property to the wife and children if he died intestate. This law is binding on all ethnic groups in Ghana.

100. The Ministry of Health, through its health education programmes and through the various media, educates the public on the harmful effects of nutritional taboos and traditional birth practices. At the local level, traditional birth attendants (TBA) are trained by the Ministry of Health; they

are then expected to assist in educating the public on the issue. This training is already yielding good results and it is hoped that in the near future many of the health hazards that affect women and children due to traditional delivery practices will be eliminated.

101. The Law Reform Commission, realizing the ill effects of early marriage on young girls, submitted proposals to the Government on the age of marriage after consultations with organizations like the NCWD. They proposed that the legal age of marriage should be fixed at 21 for males and 18 for females. It is hoped that if such a law is passed, it would serve as a deterrent to parents who marry off their children at very young ages. However, a law prohibiting parents from arranging marriages for their children would serve as a more effective deterrent.

102. The Government of Ghana, in response to a United Nations call to re-emphasize the vulnerable position of children, established the Ghana National Commission on Children to coordinate issues affecting children and also to work towards improving the quality of life of children in Ghana. The Commission, realizing the magnitude of the problem, organized a seminar in May 1990 on child abuse. During this seminar, some of the traditional practices affecting the health of children were discussed. The seminar adopted a number of recommendations that are being collated for action by various organizations. The recommendations include the need to educate both parents and the general public, through seminars and media, on the ill effects of child abuse and the need to show kindness, affection, trust and understanding to provide children with a feeling of security. The law enforcement agencies were also called upon to prosecute child abusers to serve as a deterrent to others. It is also expected that the ratification of the United Nations Convention on the Rights of the Child by Ghana would strengthen the position of the law enforcement agencies. The need to change parental attitudes through education was also emphasized. The legal committee of the Commission on Children is also currently taking steps to review laws affecting children in general.

8. Guinea

103. In June 1989, a National Committee to Combat Traditional Practices Affecting the Health of Women and Children was set up by ministerial order. In the same year, the first National Day on Traditional Practices was organized, aimed at alerting the population to the existence of such practices.

104. Article 6 of the Constitution of 23 December 1990 stipulates that every citizen has the right to his or her physical integrity, and it will form the basis for the adoption of an Act punishing female circumcision. Following a joint approach made by the Inter-African Committee on Traditional Practices and the National Committee, the President of the Republic made an announcement, forbidding traditional practices which affect the health of women and children, particularly female circumcision. In order to realize its commitment to combating these practices on 13 November 1990, the Government adopted a resolution whereby it undertook to meet the fuel costs of the National Committee. This measure should make it easier for members of the Committee to travel round the country with the aim of sensitizing the population.

105. The National Committee's next goal is to organize a national conference on traditional pratices in 1991, which would bring together all ministerial departments, socio-professional organizations and non-governmental organizations responsible for protecting the rights of women and children.

9. Kenya

106. In Kenya there is a strong political will to end female circumcision. The President of Kenya spearheaded this when he told the nation that the outmoded practice of circumcision had to stop. As a result, a traditional practitioner found to be carrying out this operation can be arrested by the Chiefs' Act and brought before the law.

107. The Kenya National Committee on Traditional Practices was set up in October 1990 and has already made great progress in programme preparation. The Committee is made up of representatives of government ministries, non-governmental organizations, religious groups and women's groups. In the near future, the National Committee intends to carry out a statistical study of how many women have been circumcised and of the ethnic groups which continue to practice circumcision.

108. Kenya legislated a law of inheritance about 10 years ago. The law makes mandatory equal participation of the children, regardless of sex, in the family's resources and estate. This has increased the status of baby girls - and, for that matter, of the woman - in the family. A marriage law has not been enacted, which leaves the woman unprotected and vulnerable to certain traditional practices that could be harmful to her.

109. In the field of education, Kenya has adopted a practical-oriented programme for all children. This exposes both girls and boys to homemaking skills as well as giving an opportunity to girls to learn skills that had been reserved for males.

10. Mali

110. The activities of the Mali Committee against Traditional Practices (COMAPRAT) have included an information, sensitization and training programme from 28 November 1988 to 17 June 1989 in the Koulikoro test region. This region in mid-west Mali covers 90,210 km^2, which is 7.27 per cent of the country's total surface area. Its resident population stands at 1,180,260 inhabitants, including 598,813 women living in 7 cercles, 39 arrondissements, 2 communes and 1,903 villages.

111. Thanks to financing from the Inter-African Committee, the Mali Committee has organized four workshops for trainers and the population, aimed at sensitizing, informing and training 8 chief instructors, 48 instructors from the region and 320 participants in order to help improve the health of mothers and children in the communities covered by the programme. Participants in these workshops included: midwives from eight districts in the region; head doctors from the same areas, cercle main towns and katibougou; political and democratic organizations (sections of the Democratic Union of the Malian People (UDPM), the National Union of Malian Women (UNFM), the National Union of Malian Youth (UNJM)); opinion formers; community leaders;

imams (Muslim leaders); representatives from the Catholic and Protestant Churches; newspaper correspondents; traditional practitioners of female circumcision; traditional midwives and birth attendants; village health workers; and persons who work for the department of social affairs. In November 1989, a team from the Inter-African Committee assessed the programme and conclusive results were found. In 1989, the Mali Committee organized the meeting of zones IV and V of the Inter-African Committee.

112. As a follow-up, the UNFM, which presides over the Mali Committee, convened a large meeting in Koulikoro chaired by the Governor of the region on 12 July 1990. In addition to those who took part in the training and information workshops (TIC) the meeting gathered together, over two days, all the political, administrative and religious leaders. The aim was to form a picture of the decisive elements of the programme's impact in each area. From 17 to 21 July 1990, the Ministry of Public Health and Social Affairs, with the cooperation and participation of the UNFM, organized a national seminar on children, with traditional practices high on the agenda. The Mali Committee is cooperating with all departments and bodies concerned by this issue in Mali. The Mali Red Cross has included the topic of traditional practices in its training programme.

113. The Training Centre for Female Community Leaders in Rural Areas (CFAR), with collaboration and financing from the Inter-African Committee, carried out a project to sensitize, train and inform traditional birth attendants who had been retrained. The project lasted 74 days and involved all 74 villages covered by the CFAR. It dealt with the main harmful practice - female circumcision or female genital mutilation. The team interviewed 307 elderly women, 148 of whom were birth attendants. Based on the replies to seven key questions, the team was able to determine all the psychological, economic and sociocultural aspects surrounding this practice in the target communities, where 50.7 per cent of the population are women. The programme to sensitize members of the Council of Elders is under way in the villages covered by the CFAR in Ouélessébougou.

114. The Mali Committee has adopted a programme of activities for 1990-1992 which includes the following:

1990

Follow-up visits with a view to measuring the impact of the training and information programme on the population involved;

Monitoring of activities carried out by the leaders who have already been trained;

Organization of a national seminar on traditional practices which are detrimental to the health of mothers and children;

Setting up the structural organization in the Koulikoro test region, and in the Mopti and Kayes regions;

Strengthening relations with national non-governmental organizations and international bodies involved in this sphere (UNFPA, UNICEF, USAID, CEDPA (Centre for Development and Population Activities));

Establishing contact with the community health division of the National Institute for Research on Public Health (INRSP) of the family health division with a view to integrating study of these practices into their programmes. The same approach will be made to the Mali Red Cross (beginning of integration), the Djoliba Centre and the Primary Health Care division.

1991-1992

Beginning, with the Ministry of Education, a programme of education about these practices to be included in the general curriculum for primary, secondary and higher education, in collaboration with the working group on family education in schools;

Formation of theatre groups to put on performances in local languages, partnered by the women of Ouenzzindougou, in the Kati cercle, the Djoliba Centre, UNFPA, and the AIDS Division;

Expansion of the training and information programme (TIC) to other regions: Ségou, Sikasso, Tombouctou and Gao.

115. In Mali, the commitment of decision-makers is beyond question. The Chairman of the Mali Committee was received by the President of the Republic, the Secretary-General of the Party, in the first months of its existence. Its activities speak volumes about the attention and importance the Party and the Government attach to the Mali Committee's programmes, which are in line with the country's health policy.

11. Mauritania

116. The representative of Mauritania said that her country did not have a National Committee to Combat Traditional Practices Affecting the Health of Women and Children, but that she intended to redouble her efforts to create such a body on her return home.

117. On the other hand, the Ministry of Health and Labour has emphasized research in Mauritania into traditional prenatal and birth practices and nutritional taboos during pregnancy. These were the themes of a study which was carried out in 1984 with the support of WHO and UNFPA, and which helped to give a picture of customary practices with regard to pregnancy, childbirth and the rites surrounding the upbringing of children. The information received is still relevant. This study showed that traditional birth attendants are an important source of know-how, knowledge and motivation in the traditional areas of obstetrics and gynaecology. They are the first important point of contact between pregnant women and the national health system. In general, the principles applied, their skill and their practices are able to protect the health of their patients, with the exception of certain practices which should be discouraged. Practices which are harmful to mothers and children are discussed at seminars and are condemned in the framework of the

audio-visual training and information programmes which are broadcast to the general public. The study has also been useful in launching training and supervision projects for traditional birth attendants.

12. Nigeria

118. The National Committee on Traditional Practices was set up in Nigeria in 1985 and is very active. The Government has given its support to the struggle to eradicate traditional practices affecting the health of women and children. This has taken the form of workshops, seminars and campaigns carried out and organized by the Ministry of Health and Education, in collaboration with the National Committee.

119. With a strong and dedicated Minister of Health concerned with this problem, the National Committee has been given a lot of support. The adverse consequences for girls of early marriage and motherhood are a major concern of the Government and the subject of education campaigns.

120. Female circumcision is receiving equal attention and the National Committee has been involved in training and information projects in areas of the country where the practice is prevalent. Likewise, the National Committee has been involved in the training of birth attendants, midwives and other medical personnel to function in clinics nationwide where women give birth and leave their children for treatment.

121. In terms of media campaigns and informational awareness strategies, a video documentary has been produced and shown in selected areas with a view to sensitizing the public, including traditional leaders and practitioners. Posters on the topic of traditional practices, especially female circumcision, have been translated into various local languages and placed in various clinics in some States.

13. Senegal

122. In March 1989, the Government of Senegal set up a Committee on Mothers and Children, made up of representatives of the Ministries of Public Health, Young Persons and Sports, and Social Affairs. The Committee has centred its activities around traditional birth practices. In particular, it has addressed itself to training traditional birth attendants and in the very near future intends to concentrate on combating the practice of female circumcision.

123. Two sociological and medical surveys on female circumcision and infibulation were carried out in the St. Louis and Tambacounda regions by the former Ministry of Social Development in October, November and December 1988 and by the organization Environmental Development in the Third World, in August 1990. They revealed that there is an ethnic and demographic imbalance in the distribution and incidence of female circumcision in Senegal: 80 per cent of the population of Senegal, it would seem, have no custom of female circumcision, primarily the Wolof and the Serer (58 per cent of the population), as well as the Dioula communities and the ethnic groups of the south where the Mandingo influence has not reached. If 20 per cent of the population of Senegal come from cultures where female circumcision is practised, that means, if an approximately equal sex ratio in these ethnic

groups is accepted, that 700,000 women and young girls are directly affected by female circumcision in Senegal (half of the 20 per cent of the 7 million inhabitants of Senegal in 1990). The areas where female circumcision is practised in Senegal cover the Pulaar and Mande zones and the zones where the Mandingo influence is prevalent in the Dioula and Tenda areas. With the collaboration of midwives and leaders of women's associations, these surveys have helped to draw up strategies aimed at locating active households and to note the practising circumcisers in each household with a view to retraining them as midwives.

124. A National Committee to Monitor Traditional Practices Harmful to the Health of Women and Children has also been in existence in Senegal since August 1985. It has taken an active part in all activities aimed at combating female circumcision, infibulation, birth practices which affect the health of women and children, nutritional taboos, force-feeding and early marriage. Among other things, it has organized a public debate on nutritional taboos and taken part in radio discussions on female circumcision. It carried out a survey among 3,144 patients in various health centres in the Dakar region in order to target the population of Senegal which is practising female circumcision and early marriage. The results of the survey are being finalized before being published.

125. The Committee is planning to continue the sociological and medical survey into traditional practices in the St. Louis and Tambacounda regions and conduct a survey among young persons on traditional practices. It intends to organize a public debate on "traditional taboos and modernity", a national conference on Islam and traditional practices, with religious leaders and Islamic experts from Senegal and abroad, and a national conference on "traditional practices: significance and cultural values".

B. Measures taken at non-governmental level

126. Under the heading of non-governmental measures to eliminate traditional practices affecting the health of women and children, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa, as the parent body of the national committees, reported on its main activies in 1990.

127. The Inter-African Committee, in the conviction that educating the public and retraining traditional birth attendants and female circumcision practitioners are still the best ways of changing the social attitudes underpinning traditional practices, organized information and training campaigns in six African countries (Benin, Burkina Faso, Djibouti, Ghana, Guinea and Nigeria). The purpose of these campaigns was to educate and convince heads of communities or leaders of public opinion so that they could spread the word concerning the harmful effects of traditional practices and thus promote a gradual change of attitude in the communities where such practices exist.

128. Training was given to 50 traditional birth attendants in Ghana, 32 in Nigeria and 56 in Togo. In Addis Ababa, Ethiopia, two pilot centres offering apprenticeships in handicrafts and baking, continue to provide retraining for female circumcision practitioners.

129. The Inter-African Committee is working with the Association of Italian Women for Development and the ILO Centre in Turin in designing various teaching materials for the instruction of training officers.

130. The Committee has completed its film Belief and Misbelief, which participants were able to see. It demonstrates the prevalence of female circumcision and scarring, as well as showing activities in Djibouti, Egypt, Mali and Nigeria.

131. In 1990, five national committees of the Inter-African Committee were established (Burkina Faso, Guinea-Bissau, Somalia, Tanzania and Uganda), bringing the number of national committees to 22 and demonstrating the organization's vitality.

132. The Inter-African Committee held its second regional conference in Addis Ababa from 19 to 24 November 1990. One of the recommendations of delegates to that conference was that the term "female genital mutilation" should be substituted for "female circumcision" and "excision". Several types of measure were also suggested to Governments and international organizations to combat all forms of traditional practices affecting the health of women and children.

V. CONCLUSIONS AND RECOMMENDATIONS

133. From the documents circulated to participants and the detailed discussion which took place, it was observed that, despite the seriousness of the problem and the numerous resolutions and recommendations adopted at the international, regional and national levels, the question of traditional practices affecting the health of women and children, especially female circumcision, has not received the attention it deserves from most of the States concerned.

134. Since 1979, female circumcision and other harmful traditional practices identified by organizations within the United Nations system as presenting risks to physical and mental health and involving suffering for women and young girls have been vigorously condemned. Accordingly, a number of recommendations regarding measures for the total elimination of such practices have been made to the States concerned.

135. However, in the view of the participants, such practices persist because of the lack of political will of many States and the failure to inform and educate the public. In the light of the foregoing and in view of the scale of the phenomenon, which gave rise to lengthy discussion, the participants adopted the following recommendations for the elimination of all forms of traditional practices affecting the health of women and children, particularly female circumcision.

A. Human rights implications of harmful traditional practices, particularly female circumcision and its health consequences for women and girl children

136. The seminar recommends that the measures set out below should be taken by national authorities and by the various international and non-governmental bodies concerned.

1. National action

(a) A clear expression of political will by the Governments concerned and an undertaking to put an end to traditional practices affecting the health of women and girl children, particularly female circumcision;

(b) The ratification of international instruments, including those relating to the protection of women and children, and the effective implementation of such instruments;

(c) The drafting of legislation prohibiting practices harmful to the health of women and children, particularly female circumcision;

(d) The creation of a governmental body to implement the official policy adopted;

(e) The involvement of governmental agencies established to ensure the implementation of action strategies for the advancement of women adopted in 1985 at the Nairobi World Conference on the United Nations Decade for Women, as part of the activities undertaken to combat harmful traditional practices affecting the health of women and children;

(f) The establishment of national committees to combat traditional practices affecting the health of young girls and women, particularly female circumcision, and governmental financial assistance to those committees;

(g) The survey and review of school curricula and textbooks with a view to eliminating prejudices against women;

(h) The inclusion in training programmes for medical and paramedical personnel of courses on the ill-effects of female circumcision and other traditional practices;

(i) The inclusion in health and sex education programmes of instruction on the harmful effects of such practices;

(j) The introduction into functional literacy campaigns of topics relating to traditional practices affecting the health of women and children;

(k) The preparation of audio-visual programmes (sketches, plays, etc.) and publication in the press of articles on traditional practices adversely affecting the health of young girls and children, particularly female circumcision;

(l) Cooperation with religious institutions and their leaders and with traditional authorities in order to eliminate traditional practices such as female circumcision which are harmful to the health of women and children;

(m) The mobilization of all persons able to contribute directly or indirectly to the elimination of such practices.

2. International action

(a) Commission on Human Rights and Sub-Commission on Prevention of Discrimination and Protection of Minorities

The participants welcome the activities of the Centre for Human Rights regarding traditional practices affecting the health of women and girl children, particularly female circumcision; they request the Commission on Human Rights and the Sub-Commission to retain the question on their agendas so as to keep it under review.

(b) Commission on the Status of Women

The participants request the Commission: (i) to study the question of harmful traditional practices, particularly female circumcision; and (ii) to propose that the theme of International Women's Day in March 1992 should be the campaign against female circumcision and all traditional practices adversely affecting the health of women and girl children.

(c) World Health Organization

The participants request WHO: (i) to hold a ministerial conference on female circumcision and other traditional practices affecting the health of women and children; and (ii) to study all recommendations made regarding traditional practices, in order to assess their implementation.

(d) UNICEF

The participants, regretting the absence of UNICEF, express the hope that, in view of the organization's role in promoting the rights of the child, it will make a greater contribution to eliminating traditional practices affecting the health of women and children. They ask for its continued contribution and attention to the campaign against harmful traditional practices, particularly female circumcision.

(e) UNESCO

The participants request UNESCO: (i) to provide assistance to the States concerned in preparing teaching materials; and (ii) to include the question of traditional practices in functional literacy programmes.

(f) Special recommendations to United Nations specialized agencies

In view of the important contribution of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa to the campaign against such practices, particularly female circumcision, the participants recommend that close coordination should be established between the Inter-African Committee and the relevant United Nations bodies, specialized agencies and regional organizations for the more effective implementation of the measures recommended by the Seminar. The participants also request all specialized agencies to include in their Government aid programmes activities relating to the campaign against female circumcision and other traditional practices affecting the health of women and girl children.

(g) Organization of African Unity

The participants, deeply regretting the absence of OAU as the regional organization for the countries concerned, request it: (i) to include the question of traditional practices affecting the health of women and girl children, particularly female circumcision, in the agenda of the next Summit of African Heads of State and Government; and (ii) to declare an African day to combat female circumcision and all traditional practices affecting the health of women and girl children.

3. Action by non-governmental organizations

The participants made the following recommendations to non-governmental organizations:

(a) They recommend that national and international non-governmental organizations concerned with protecting the health of women and children should include in their programmes activities relating to traditional practices affecting the health of women and girl children, particularly female circumcision;

(b) They request international non-governmental organizations concerned with protecting the health of women and children to extend their financial and material support to national non-governmental organizations to ensure the success of their activities;

(c) They congratulate non-governmental organizations already engaged in activities for the elimination of traditional practices affecting the health of women and children, particularly female circumcision, and request them to intensify those activities;

(d) They recommend cooperation between non-governmental organizations and Governments in developing programmes for the retraining of female circumcision practitioners to enable them to achieve financial self-sufficiency through gainful activities.

4. Other measures recommended

The participants also recommended the following measures:

(a) Health workers should be required to dissociate themselves completely from harmful traditional practices;

(b) All women aware of the problem should be called on to react against traditional practices affecting the health of women and children and to mobilize other women;

(c) Women engaged in combating traditional practices affecting the health of women and children, particularly female circumcision, should exchange their experiences;

(d) Private donors should be requested to support the activities of non-governmental organizations combating traditional practices affecting the health of women and children.

5. Special recommendation

The Seminar noted that the terminology used thus far at the international level to describe operations performed on female genital organs, such as circumcision or infibulation, did not reflect the gravity of such practices. It is therefore proposed that, as decided at the regional conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa, held at Addis Ababa in November 1990, the expression "female genital mutilation" should be used in future.

B. Son preference

137. The Seminar recommends that the following measures should be taken by the official authorities and the bodies concerned:

(a) The organization of an information campaign to show that women are not to blame for determining the sex of a child;

(b) The adoption of measures for the elimination of discrimination between boys and girls in education;

(c) The education of women and men with regard to equality between girls and boys;

(d) The introduction of non-discriminatory legislation on succession and inheritance;

(e) The inclusion of the concept of equality of the sexes in the education programmes of the various religions;

(f) The preparation of information and education programmes with a view to:

(i) Educating men, women and society as a whole on the need to accept girls on an equal footing with boys;

(ii) Promoting changes in attitude and awareness of the fact that it is men, not women, who are the bearers of male and female chromosomes, so that it is the man who should be considered responsible for the inability of a woman to give birth to a male child, rather than the reverse;

(iii) Launching an information campaign and educating the public on the two foregoing points;

(iv) Inducing education authorities to allocate the same number of places in educational establishments and the same facilities to boys and to girls;

(g) The promotion, through Government policy, of equal opportunities for boys and girls in all apprenticeship and training centres so as to enhance equality of opportunity for all with regard to employment;

(h) The adoption of special measures by Governments, in particular to facilitate the access of women to education, employment and political institutions.

C. Traditional birth practices

138. The Seminar notes that certain traditional birth practices are the cause of maternal and child mortality or of physical and mental handicaps for mother and child; it further notes that most such practices are performed by traditional birth attendants having no medical knowledge. Consequently, the Seminar recommends the following measures:

(a) The abolition of all forms of harmful traditional childbirth;

(b) The preparation and implementation of training programmes for traditional birth attendants by all those engaged in combating harmful traditional practices; this should be done under the supervision of the responsible ministries.

D. Expression of thanks

139. At the conclusion of the United Nations Seminar on Traditional Practices Affecting the Health of Women and Children, the participants take this special opportunity to express their sincere thanks to the Government of Burkina Faso for its willingness to accept the heavy responsibility of hosting this first United Nations regional seminar on such a burning issue and for the warm hospitality extended to them.

ANNEX I

LIST OF PARTICIPANTS

A. Experts

Prof. Samba Diarra	Professeur, Faculty of Medicine, National University of Côte d'Ivoire
Mrs. Berhane Ras-Work	President, Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Africa
Mrs. Halima Embarek Warzazi	Special Rapporteur on Traditional Practices, United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities

B. Participants and alternates designated by Governments

Benin	Mrs. Dade Amelie Chief Doctor, Health Centre
Burkina Faso	Mrs. Mariam Lamizana Chairman, National Committee to Combat the Practice of Female Circumcision (CNLPE)
	Dr. Michel Akotionga Representative of the Ministry of Health and Social Welfare
	Mrs. Reine Daboué Representative of the International Committee of African Women for Development, Burkina Faso (CIFAD Burkina Faso)
	Mrs. Félicité Traore Midwife, National School of Health
Cameroon	Miss Billé Siké Official responsible for female education, Ministry of Social Affairs and the Status of Women
Central African Republic	Mrs. Antoinette Ngatchou Director for the Advancement of Women, Ministry of Social Affairs

Chad	Dr. Adoum Chene Chief, Gynaecology and Obstetrics Service, Ndjamena Polyclinic
Côte d'Ivoire	Mr. Kouakou Mathurin Brou Legislation Office, Ministry of Justice
Ethiopia	Mrs. Ayalnesh-Mekonnen Section Head in Counselling Family Planning Division Ministry of Health
Gambia	Mrs. Binta Sidibe Coordinator of Training and Social Reforms National Women's Bureau Office of the President, State House
Ghana	Miss Anna-Maria Fati Paul Regional Secretary National Council on Women and Development Northern Region - Tamale
Guinea	Dr. Morissanda Kouyate General Secretary of the Guinean Coordination Cell on Traditional Practices Affecting the Health of Women and Children
Kenya	Dr. Julia Ojiambo Director of Youth and Women's Affairs Kenya African National Union
Mali	Mrs. Diane Djeneba Diallo Chief, Rural Communities Section, National Social Affairs Office, Ministry of Public Health
Mauritania	Mrs. Mah Mint Semette Chief, Supervision Division, Mother and Child Health Service Ministry of Health and Social Affairs
Nigeria	Miss Joan O'Dwyer Assistant Director, Public Relations National Commission for Women

Senegal	Mrs. H. Ly Barry Technical Adviser to the Deputy Minister to the President responsible for the status of women and children

C. United Nations bodies

Department of Public Information	Mr. Collinet Finjap Njinga
United Nations Development Programme	Mrs. Tani
Office of the United Nations High Commissioner for Refugees	Mrs. Ursula Schulze-Aboubacar
United Nations Population Fund	Mr. Niangoran Essan Ms. Thèrese Zeba

D. Specialized agencies

World Health Organization	Dr. Leila Mehra Mr. Moustapha Sidatt

E. Non-governmental organizations

Category I

International Alliance of Women	Mrs. Lucy Kaborée

Category II

International Commission of Jurists	Mrs. Marie-France Goffrie-Lawson
Associated Country Women of the World	Mrs. Foutoumou Freudiger

Roster

International Council of Nurses	Mrs. Diarra-Katio

F. Other organizations

Women for the Abolition of Sexual Mutilation (GAMS)	Dr. Marie-Hélène Franjou

ANNEX II

Statement by the First Lady of Burkina Faso, Honorary President of the National Committee to Combat the Practice of Female Circumcision

It gives me great pleasure to welcome all participants, whose presence here bears witness to their interest in the topic of our seminar. The seminar is taking place at a time when the international community is treating the question of women and children as a matter of social concern.

The topic leads me to the following reflections and comments. We in Africa still have some backward and unacceptable customs and traditions. One of the objectives of the August revolution in Burkina Faso was to combat all the social and cultural impediments which are holding the country back. The practice of female circumcision is the most pernicious impediment to the psychological and physical flowering of women and children.

Since 4 August 1983 a great many steps have been taken to combat this scourge. Provincial and national seminars have been held, leading to the establishment of provincial committees and a National Committee to Combat the Practice of Female Circumcision.

I am pleased to hail the efforts made by other countries to eradicate backward traditional practices, and to congratulate participants on what they have done to mobilize people and make them aware of the problem. The practice of female circumcision, within the meaning of the Convention against Torture and the Universal Declaration of Human Rights, in particular articles 3, 5 and 39, is an assault on the physical and moral integrity of women and children. This state of affairs should set you thinking, so that at the end of this seminar you will be able to come up with some specific and realistic suggestions.

The campaign against female circumcision should be conducted in two phases: the first non-coercive, the second coercive. The non-coercive phase would involve making people aware of the problem by all available means: film shows, radio and television broadcasts, discussions, topical plays, etc. The coercive phase, in view of the lack of legal provision against female circumcision in many African States, would involve drafting legal instruments to punish the practice without fail. The campaign will be successful only if our various States coordinate their activities. A subregional strategy is therefore to be recommended.

I would like to take this opportunity to thank all our bilateral and multilateral partners, in particular within the United Nations system, for their tireless efforts to promote the well-being of women and children.

I must not omit to mention the Plan of Action for the implementation of The World Declaration on the Survival, Protection and Development of Children which emerged from the World Summit for Children held in New York in September 1990. I appeal to our development partners and to private international and national bodies to provide more substantial financial support for the effective implementation of this Plan.

I now declare open the Regional Seminar on Traditional Practices Affecting the Health of Women and Children.

ANNEX III

STATEMENT BY Mr. HAMID GAHAM, REPRESENTATIVE OF THE UNDER-SECRETARY-GENERAL FOR HUMAN RIGHTS

Mrs. Compaoré,
Your Excellencies,
Ladies and Gentlemen,

As Mr. Jan Martenson, the Under-Secretary-General for Human Rights, is unable because of official obligations to be amongst us today, I have the honour and great pleasure to represent him at this United Nations Seminar on Traditional Practices Affecting the Health of Women and Children. I do, however, wish to pass on to you here and now, besides Mr. Martenson's regrets at not being with you, his best wishes for the success of the seminar that is about to begin.

Burkina Faso is the first African country to host a regional seminar organized by the Centre for Human Rights on the subject of traditional practices. I should like, therefore, to express my deep thanks to the Government for its noteworthy efforts, its invaluable operation in bringing this seminar about and its active and effective involvement in the field of human rights.

For some years now, Burkina Faso has been giving high priority to the emancipation of women. The country is an oasis of hope for African women campaigning to improve their lot. The authorities have clearly shown that the principle of wholeness which lies at the root of the Burkinabe nation is to be understood not only in a moral but also in a physical dimension: female citizens of Burkina Faso, whole in spirit and body, are able to contribute fully to the business of development.

African women, agents of development just as men are, ought to be able to realize their potential under optimum conditions. When we speak of women, we should not forget that the fate of the child is intrinsically linked to the well-being of the mother. Little girls are also subjected to the practices we will be discussing during this seminar.

The construction of economically and socially viable societies in Africa thus requires the abandonment of cultural practices injurious to children and women.

Mrs. Compaoré, Your Excellencies, Ladies and Gentlemen,

The United Nations regards the promotion and protection of human rights and fundamental freedoms as a matter of capital importance. This is because the international community has become aware that recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.

Article 55 of the Charter of the United Nations states that the United Nations will promote "universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language or religion". The United Nations human rights programme derives from this basic stipulation.

The Universal Declaration of Human Rights, in 1948, marked the emergence for the first time in history of universal acceptance of some minimum standards, principles setting forth the rights and fundamental freedoms of the entire human community, without any compartmentalization or restrictions.

Human rights nowadays are much more than rhetoric, a field monopolized by legal experts or isolated activities, they are the very stuff of life - I am tempted to say of survival - for the international community, without any compartmentalization due to race, religion, sex, or social, political or cultural background.

It was long proclaimed - it still is - that the notion of human rights was just a product of the western civilization which gave birth to the idea of allowing the individual rights vis-à-vis the State. Today we must enlarge that vision - somewhat misguided, at least incomplete - by adding that several other cultures and civilizations have also, in their various ways, upheld human dignity and respect for human rights, although they may have travelled different historical or political routes. In other words, the affirmation and acknowledgement of individual rights and freedoms has not always been the result of concerted social or political movements: in a variety of cultures the idea of human rights has been borne in upon society because it is associated with specific principles accepted as lying at the very root of the society concerned.

The relationship of man to the divine, for example, can, as Islam shows us, imply relationships of man to man which belong within the modern concept of human rights that we in the United Nations now propound.

But let me return to the Charter of the United Nations which, at its proclamation, emphasized this necessary respect for human dignity.

In order to attain its objectives, the Charter assigned several United Nations bodies responsibility for specific human rights activities. Chief among these are the General Assembly (Art. 13) and the Economic and Social Council (Art. 62).

These bodies have steadily put together an impressive body of declarations, conventions, protocols and other agreements designed to secure universal and absolute respect for human rights and freedoms.

Machinery established by the General Assembly and the Economic and Social Council has been set up and now operates under the aegis of the Commission on Human Rights and the various committees established under the covenants and conventions in force.

Hence there are today various bodies and groups of experts whose responsibility it is to investigate, then report on, such topics as summary or arbitrary executions, torture, mass exoduses, enforced or involuntary disappearances, religious intolerance and mercenaries. But the Commission on Human Rights can itself assign experts - special rapporteurs or others - to investigate the human rights situation in a given country in one manner or another. Specific reports have been produced on the human rights situation in Afghanistan, in the Arab territories occupied by Israel, in Chile, in El Salvador, in Iran, in South Africa, in Romania and in Haiti; the Commission recently decided to designate a Special Rapporteur to monitor the human rights situation in Iraq and another to do so in Kuwait, and set up a group of experts on the question of arbitrary detention.

This is a unique and, if you think about it, remarkable phenomenon, since only a few years ago such practices would have been regarded as real intrusions into areas reserved to States, which would repudiate others' verdicts and reject intervention in their internal affairs by the international community. In themselves, therefore, these practices are evidence of the substantial changes that have taken place in recent decades.

Forty years after the proclamation of the Universal Declaration of Human Rights, an unprecedented body of legislation and standards has been drawn up, providing the most thorough and effective possible protection for people whose fundamental rights are ignored, threatened or flouted. Today there are over 50 legal instruments in force which afford protection to the individual while evaluating, measuring and, when necessary, denouncing the behaviour or practices of States which can no longer routinely shelter with impunity behind their absolute sovereignty.

In addition to the various treaties and conventions on subjects as varied as civil, political, economic, social and cultural rights, let me remind you that a new convention was adopted only two months ago after long years of study, research and debate: the Convention on the Rights of the Child. The General Assembly adopted this new Convention, which may be said to be of cardinal importance given its subject-matter and the principles that inspired it, unanimously: one means of emphasizing its commitment, but also the seriousness of the situation it seeks to rectify.

But however extensive and however good this body of human rights standards, principles and other legislation is, it must be enforced through, among other things, the creation of monitoring machinery, if it is to mean or be worth anything. This machinery, an essential extension of the work of the legislator, today lies at the heart of the human rights process, and for that reason we have been giving it particular attention over the last 20 years.

This is crucial, for while it is important for States, sovereign though they are, to agree to discuss in public their obligations to respect human rights and allow inquiries to be conducted in their territory, action is also needed progressively to build machinery to protect human rights into States' legal infrastructure and institutions, so that each State can stand surety for its own nationals.

Against this background, and in the spirit of the saying "charity begins at home", the Centre for Human Rights is today seeking to expand and improve its advisory and technical assistance services for Governments that wish to create or reinforce national infrastructure for the promotion and protection of human rights.

Thanks to the creation of a Voluntary Fund for Advisory Services, to which some 15 States are already contributing, the Centre for Human Rights, which coordinates activities in this area, now has additional resources it can use in meeting a growing number of requests of this type.

States wishing to improve their human rights infrastructure can now be given three kinds of assistance: expert advisory services, fellowships for study and retraining, plus regional programmes and national information and training courses. Efforts are still being made to expand this programme of assistance and also to tailor it - customize it, you might say - to the specific requirements of requesting States. The scope of the assistance and conditions under which it will be provided are still, at the moment, determined by the Secretary-General, who is trying to meet the particular demand from developing countries.

To cite just a few cases, training courses and seminars for judges, lawyers, police officers, prosecutors, members of the military and prison officials have been organized with the assistance of local experts in Lomé (Togo), Lisbon (Portugal), Tunis (Tunisia), Milan (Italy), Guatemala, Moscow (USSR), Manila (Philippines), San Remo (Italy), Panju (Gambia), Quito (Ecuador), and Conakry (Guinea), where the courses dealt with the application of international human rights standards for lawyers, judges and senior Government officials.

Then there are workshops, seminars and training courses held regularly in different parts of the world at the request of Member States or, where appropriate, in cooperation with national bodies and organizations.

Then again, libraries have been established in various regions and countries so that everybody can have access to documentation and information in this changing - I would say, constantly expanding - field.

Finally, courses and lectures are given in a number of research centres and institutes, and some 25 or so fellows from different countries attend training courses every year, in Geneva, Strasbourg and elsewhere, under a programme which we are now attempting to develop both quantitatively and qualitatively into a more effective training tool, one better suited to the fellows' specific needs.

But however extensive and however good the legal or technical assistance system is, the promotion and observance of human rights clearly require the broadest possible distribution of information so that women and men alike are aware of the rights and fundamental freedoms which belong to every member of the human family, and can find out about the international machinery available to everybody to promote and protect those rights. Everyone needs to know his fundamental rights and be aware of the existence of international machinery to

uphold them. It is with this purpose in mind that a World Public Information Campaign for Human Rights was launched on the fortieth anniversary of the Universal Declaration. The Campaign was designed to reach all parts of the world and all populations in a balanced, factual and objective manner, with support from States but also from non-governmental organizations, research institutions, school and university establishments, the media and interested individuals.

The ultimate objective of the campaign, which is being conducted in cooperation with our Information Service, is to create - with time - a universal culture of human rights, the rights inherent in the human individual. This objective cannot be effectively attained without the support of the media, whose presence in this room I welcome.

Mrs. Compaoré, Your Excellencies, Ladies and Gentlemen,

Given the far-reaching changes in international relations in recent years, the growing prominence of the problem of human rights and the establishment of democratic Governments in several parts of the world, it is time for the international community to see what it has accomplished in the field of human rights and what changes have taken place since the Tehran Conference on Human Rights of 1968. It was in answer to this concern that the General Assembly decided to hold a World Conference on Human Rights in 1993, to review and evaluate progress in the field of human rights. The main task of the Conference will be to make recommendations on improving the efficiency of United Nations machinery and activities in this field. One important element to be considered is the relationship between development and the enjoyment of all human rights, and the creation of conditions conducive to such enjoyment.

The United Nations programme as regards the protection and promotion of human rights rests on three pillars, as it were, the three being the setting of standards, their application, and information and education - their constant interaction and constructive interpenetration being of cardinal importance. Each pillar, each element needs to contribute to the overall success of the programme.

But beyond the promotion and overall protection of human rights, the United Nations has realized and emphasized the need to define specific rights to protect the socially most vulnerable categories, including women and children. The international community has repeatedly expressed its concern at the particularly tragic economic and social conditions in which millions of women in developing countries live. In many societies women suffer discrimination of diverse kinds. Studies have shown that, socially and economically, women's status is often inferior to men's. The international community has reaffirmed the need to abolish the causes of phenomena which demean the worth and hamper the advancement of women. As for children, their weakness exposes them to many kinds of assault on their physical and mental health, and they must therefore be given suitable protection.

The protection of women's fundamental rights is thus given prominence in numerous international instruments such as the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention against Torture. The new Convention on the Rights of the Child I mentioned just now, which many African States have ratified, will boost the activities to benefit children which the United Nations has been engaged in for decades.

In discussing here with you the crucial question of traditional practices affecting the health of women and children, the United Nations must not enter into considerations of State policy in connection with appropriate ways of dealing with the problem.

Let me remind you that these questions (female circumcision and infibulation) were first discussed by the Commission on Human Rights in 1952. Since then the Commission has expressed the view that the operations rooted in tradition that were practised on women and girls in certain parts of the world are not only dangerous to health but seriously injurious to women's dignity. It has noted that some of the Governments concerned are trying to abolish such practices, and expressed the hope that they would continue and intensify their efforts to do away with them entirely. Allow me to remind you also that the Economic and Social Council, in a resolution adopted in 1960, expressed the hope that Governments would make use of the various services which the United Nations and specialized agencies could provide in order to attain this objective.

The World Health Organization has been closely associated with United Nations efforts and has conducted on highly useful research into the medical aspects of operations rooted in tradition. These have revealed that the partial or total removal of the female genital organs poses serious dangers for girls' and women's physical and mental health. The operation may cause dangerous bleeding and violent pain. The hard and painful scars that result may cause obstetric complications. A woman who has undergone the ordeal of female circumcision is marked forever, physically and psychologically, and this may cause anxiety, melancholia and depression. The seminar organized by WHO in Khartoum in 1979 emphasized the danger these practices posed to the health of women and girls and emphasized the urgent need to abolish them.

For a number of years now, therefore, many voices, both internationally and in Africa, have been echoing the United Nations call for an end to the suffering of girls and women. In the 1980s the campaign against these practices became so widespread that in 1984 the Sub-Commission on Prevention of Discrimination and Protection of Minorities decided to carry out a study on the various aspects of traditional practices affecting the health of women and children. This study was entrusted to a working group set up by the Sub-Commission, and Mrs. Halima Embarek Warzazi, who will do us the honour of attending this seminar, was appointed Special Rapporteur. The study was completed in 1986 and the findings submitted to the Commission on Human Rights. Copies are available for consultation during this seminar.

The preference given to boys over girls is one of the major forms of discrimination against women, which begins in childhood when a combination of social and cultural attitudes induces families and countries to give fewer

advantages to girls than to their brothers. The preference given to boys, which is deeply rooted in many societies, not only in Africa, gives rise to the neglect and exploitation of girls and, ultimately, a clear devaluation of the status of women.

As is shown in the working papers prepared by the eminent experts here at this seminar and studies conducted by others, all these practices are deeply rooted in a magical-cum-religious medium which prevents their dying out rapidly. Because they serve as rites of initiation, they bind societies together. Economic motives are also associated with their perpetuation. They may seem backward to us, but they are an integral part of the culture of those who practise them. In traditional African societies, the physical and psychological blossoming of the child and his or her integration into the community occur in stages which are carefully observed and respected, and in which the family and the community play their parts. Birth, adolescence, marriage and death are cycles which the community marks with ceremonies. The individual's identity and place in society are engraved on his or her mind and body by a variety of traditional methods. The fact remains that the process of upbringing and initiation which leads to integration within the community can be difficult and painful.

However, the complexity of the factors underlying these practices should not prevent us from looking for economic and social means of doing away with them. It must be borne in mind that African societies are currently undergoing great changes, in part owing to the influence exercised by other cultures. The initiatory value of the rites accompanying traditional sexual mutilations, for example, is coming increasingly into dispute. Surveys in several African countries have shown that these practices are becoming less and less popular in urban areas as society changes and school enrolment goes up, but are still respected by and large in rural areas thanks to social conformism. A number of well-known Africans, including Heads of State, have been forthright in condemning these practices nevertheless.

One of the first means of doing away with them is the law. Any traditional practice which adversely affects the dignity of women and children should be made illegal. This is important because the binding nature of the law looms large in people's upbringing.

Then, efforts are needed in the educational field proper, to make people aware of the adverse effects of these practices. Each country needs to identify institutions and organizations which can be assigned the task of promoting women's and children's rights. I have in mind, for example, women's, teachers', parents' or youth associations.

It is important to establish national committees which, with the benefit of studies on the cultural factors that hinder the disappearance of traditional practices, can devise the most effective ways of doing away with them.

It is important for international instruments such as the Convention on the Rights of the Child to be known and applied at the national level. You will remember that article 24 of the Convention calls on States parties to

"take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children". Customs, laws and traditional practices which mark girls as inferior to boys must be eradicated.

While the fight against traditional practices must take place chiefly at the national level, the international community also has a role to play. The Working Group on Traditional Practices and the United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities have helped to make the international community more aware of the seriousness of these practices. Thanks to them, the question of traditional practices is coming in for particular attention in United Nations human rights activities. The specialized agencies of the United Nations system, including WHO, UNICEF and UNDP, are helping to beat back these practices in the areas within their competence.

The most important contributions by United Nations to the campaign against traditional practices, come in the fields of information and education and the strengthening of national and regional institutions. Here again, as I said before, information and education are, along with the setting and enforcement of international standards, one of the three pillars of United Nations human rights activities. The question of traditional practices is part of the annual programme of seminars that we organize.

The Centre for Human Rights, through the programme of advisory services and technical assistance in the field of human rights, cooperates with OAU, the Economic Commission for Africa, and the Inter-African Committee on Traditional Practices. Thus it took part in the seminar on traditional practices arranged in Addis Ababa in 1987 by the Inter-African Committee in cooperation with WHO, with support from OAU and the Economic Commission for Africa. In this connection, we welcome the presence here of Mrs. Berhane Ras-Work, President of the Inter-African Committee, who travels tirelessly around the African continent fostering the kind of awareness necessary to have these practices stopped.

This Seminar should enable us to see what progress has been made since the United Nations began to campaign against traditional practices almost 50 years ago. It is now up to us to find ways and means of operating more effectively.

If throughout our work we bear in mind the fundamental principles of the international instruments I have mentioned, I wager that Ouagadougou will be a milestone in the campaign against traditional practices affecting the health of women and children.

Thank you for your patience and your attention.